|  |
| --- |
| FORM 13 |
| NOTICE RESERVING LEAVE TO APPLY FOR A GRANT OF PROBATE  |
| Rule 15  |
| IN THE SUPREME COURT OF TASMANIA  |
| PROBATE REGISTRY  |
|  |
| In the matter of the Estate of: | FULL NAME*[full name of deceased including, in brackets, “in the Will called…” and/or “also known as…” if the name of the deceased differs in the Will or if the deceased is known by any other name]*  |
| Date of death: | 00/00/0000 |
| Last known residential address of deceased:  | address *[full address of the deceased including, in brackets, “in the Record of Death noted as…” if the address of the deceased differs in the Record of Death]* |
| Full name of applicant:*[repeat for more applicants]* | FULL NAME *[full name of applicant including, in brackets, “in the Will called…” and/or “also known as…” if the name of the applicant differs in the Will or if the applicant is known by any other name]* |
| Address of applicant:*[repeat for more applicants]* | address |
| I, |  |
| Full name of person reserving leave: | FULL NAME *[full name of person reserving leave including, in brackets, “in the Will called…” and/or “also known as…” if the name of the person reserving leave differs in the Will or if the person is known by any other name]* |
| Address of person reserving leave: | address |
| \*make oath and say/\*do solemnly and sincerely declare and affirm: |
|  | FULL NAME *[name of deceased]* made \*his/\*her last valid Will bearing the date 00/00/0000 *[mention any Codicils and their date here].* |
|  | I am ROLE *[state if the person reserving leave is an executor of the Will, trustee of the residuary estate or as the case may be]*. |
|  | FULL NAME *[name of deceased*] died at suburb in state on the 00/00/0000 at which time I believe that my status as executor under the Will had not been altered or revoked. |
|  | I understand that FULL NAME *[of applicant]* will be applying for probate of the Will with respect to the Will of the deceased. |
|  | I reserve my right to apply for probate of the Will and also my right to administer the estate of the deceased. |
|  | I understand that I may apply for a grant of probate with respect to the estate of the deceased at some later time with the leave of the Court. |
| \*SWORN/\*AFFIRMED by | FULL NAME |
| at SUBURB OR TOWN in STATE |  |
| dated 00/00/000 | ……………………………………………………. |
| Before me: | …………………………………………………….FULL NAME\*SOLICITOR/\*JUSTICE OF THE PEACE |
| NOTES: |
| Please insert details relevant to your application where blue text appears. |
| Text with a \* next to it indicates that it is an option. You must select the applicable option/s and/or delete the \*options which are not applicable |
| If a section of the form does not apply to your application please simply state “not applicable” next to the relevant section. |
| Guidance on completing this form is contained in [square brackets] and *italics*. Please delete the guidance which appears in square brackets and is italicized from your final draft. |
| Otherwise, please do not amend the format or content of this form. |